Practical Tools For Nursing The Long-term ICU Patient
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ABSTRACT
Evidence demonstrates the long-term patient (LTP) population within intensive care is increasing as advances in medicine result in improved survival. There are a lack of practical tools designed specifically for nursing a LTP. The LTP is time and resource intense and not the traditional focus of the Intensive Care Unit (ICU) registered nurse who is historically acute care focused. One of the greatest barriers to providing quality care is consistency of nursing care and cultural improvements. We recognised (through a staff survey) that in Wellington ICU cultural improvements could be made in both these areas.

INTRODUCTION
We developed and piloted a quality improvement initiative addressing the practicalities of nursing a LTP. The three tools are: 1. introduction of documentation, 2. optimising the environment and 3. developing frontline nursing leadership. Results from a post implementation staff survey show there has been an improvement in the quality and consistency of care and that the nurses job is easier. Feedback from patients and families has been overwhelmingly positive.

1. DOCUMENTATION INTRODUCED

Patients Day Planner
Key concepts:
- Partnership approach
- Goal setting (pt identified)
- Having a plan
Goal setting is an effective strategy to maintain hope, focus and positivity while achievement gives the patient something to celebrate.
Goal setting also adds power to a voice that has historically gone unnoticed.
A model of patient-centred care promotes psychological support, helping us work towards the goal of a better ICU experience for the patient.

Benefits to the RN:
- Provides structure to the day through organisation of care.
- Enables the nurse to think beyond interventions to other dimensions of patient wellbeing.
- Engages patient.

Rehabilitation guideline
- Guideline on what's important for LTP's rehabilitation and mental well being.
- Facilitates active participation and engagement by patient.
- Enables nurses to build on and acknowledge the previous days activities and achievements.
- Provides tangible, patient focused progress measures.
- Prompts nurses.

Day Sticker
- Guideline on what's important to do during the day.
- Helps plan and organise care.
- Promotes quality sleep at night; circadian rhythm optimisation (being awake and active during the day, sunlight exposure).

Night Sticker
Poor sleep is a major problem for most ICU patients; the ICU environment is not conducive to quality sleep. Quality night time sleep = better brain function, less depression and anxiety + energy to participate in rehab.
- Tool to achieve new standard of care; patients have the opportunity to achieve quality sleep at night.
- Targets environment optimisation, clustering of cares, rest and sleep interventions.

2. OPTIMISING THE ENVIRONMENT

The ICU environment is designed to meet the demands of the critically unwell patient, however from a patients perspective the environment can be hostile, frightening and impersonal.

Mobile stands:
- Create a more healing environment; personalising the bed space and removing some of the hostility.
- Photos + connection to loved ones + familiarity.
- Engage patient and family in rehabilitation process, improving the ICU experience of their prolonged critical illness journey.
- Engage staff.

3. DEVELOPING FRONTLINE NURSING LEADERSHIP

Nursing leadership is linked to better patient outcomes and nursing leaders have a major influence on workplace culture.

Clinical nurse specialist:
- Fundamental to the management of the LTP offering clinical expertise.
- Consistent presence = consistency of decision making.
- Link and liaison between the multidisciplinary team improving care cohesion and the team's effectiveness at delivering quality care.

LTP Resource nurses:
- Leadership at the bedside by increasing group numbers.
- Raise the profile of LTPs.
- Strengths-based approach: champions who lead by example, use positive language and support other nurses with direct patient care.
- Goal = one champion per shift.

Strengthening the presence of “on the floor” nursing leaders is a powerful tool for improving quality care and changing culture towards the LTP.

Conclusion
Care of the LTP is emerging as a specialty within ICU. It is complex, multidimensional and it extends beyond acute life support to addressing the domains of a prolonged critical illness journey. We recognised that in Wellington ICU staff attitudes and culture towards the LTP provided negative barriers that impacted on care and patient outcomes. We introduced tools that target the practicalities of providing quality care to a LTP. Nurse-led realignment of practice has proven to be a powerful tool to efficiently and effectively improve care.

“You actually care and this is the difference that is seeing me leave ICU with my dignity and my sanity largely intact” ~ Wellington ICU long-term patient